

Mental Health Services Act Expenditure Report

Fiscal Year 2010-11

ADDENDUM



CALIFORNIA DEPARTMENT OF
Mental Health

**Cliff Allenby
Acting Director**

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Table of Contents

Executive Summary	Page 1
Background	Page 2
Explanation of Estimated Revenues	Page 3
Overall Revenues	Page 5
Expenditures for MHSA Components	Page 6
MHSA Program Activities	Page 7
General MHSA Provisions	Page 7
Community Services and Support	Page 7
MHSA Housing Program	Page 8
Capital Facilities and Technologies Needs	Page 10
Workforce Education and Training	Page 10
Prevention and Early Intervention	Page 12
Innovation	Page 13
Governor Schwarzenegger's Homeless Initiative	Page 13
State Administrative Expenditures	Page 14
Judicial Branch	Page 14
State Controller's Office	Page 16
Department of Consumer Affairs Regulatory Boards	Page 17
Office of Statewide Health Planning and Development	Page 18
Department of Aging	Page 19
Department of Alcohol and Drug Programs	Page 20
Department of Health Care Services	Page 21
Managed Risk Medical Insurance Board	Page 22
Department of Developmental Services	Page 23
Department of Mental Health	Page 24
Mental Health Services Oversight and Accountability Commission. ...	Page 26
Department of Rehabilitation	Page 27
Department of Social Services	Page 28
California Department of Education	Page 29
California State Library	Page 30
Board of Governors of the California Community Colleges	Page 31
Financial Information System of California	Page 32
Military Department	Page 33
Department of Veterans Affairs	Page 33
MHSA Expenditures	Page 35

EXECUTIVE SUMMARY

This report to the Legislature is submitted as an addendum to the January 2011 Mental Health Services Act (MHSA) expenditure report and provides an update on revenues, expenditures and changes to the MHSA after the prior report was issued.

The passage of Proposition 63, the MHSA, in November 2004 increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for serving children, transition age youth, adults, older adults and families with mental health needs.

In the Fiscal Year (FY) 2011-12 Governor's Budget, Governor Jerry Brown proposed the redirection of MHSA funds to support specified community mental health programs. On March 24, 2011, AB 100 (Committee on Budget, Chapter 5, Statutes of 2011) was enacted, amending sections of the Welfare and Institutions Code (WIC) relating to the MHSA. The bill, consistent with the Governor's proposed realignment of the MHSA functions to the counties, reduces State administrative expenditures, streamlines State oversight of the MHSA, and directs more MHSA funding to county mental health programs.

The MHSA imposes a one percent income tax on personal income in excess of \$1 million. The tax has generated \$6.5 billion in additional revenues for mental health services from inception through the end of FY 2009-10. The Governor's Proposed Budget expected the MHSA to generate an additional \$895 million in FY 2010-11 and \$925 million in FY 2011-12. In the May Revision to the Governor's Budget, the estimate of the MHSA revenues is reduced to \$875 million in FY 2010-11 and increased to \$1.0 billion in FY 2011-12. On a cash basis, this equates to \$1.1 billion in FY 2010-11 and \$940 million in FY 2011-12.

Approximately \$5.1 billion has been expended through FY 2009-10. Additionally, \$1.2 billion is estimated to be expended in FY 2010-11 and \$1.5 billion in FY 2011-12.

BACKGROUND

The Director of the Department of Mental Health is required by WIC Section 5813.6 to annually submit two fiscal reports to the Legislature on MHSA, one in January in conjunction with the Governor's Proposed Budget, and the other in conjunction with the Governor's Budget May Revision. WIC Section 5813.6 specifies that the reports contain information regarding the projected expenditures of MHSA funding for each State department and for each major program category specified in the measure for local assistance and support. To meet this mandate, the report submitted to the Legislature in January 2011 included actual expenditures for FY 2009-10, estimated expenditures for FY 2010-11, and projected expenditures for FY 2011-12. This report reflects the proposed May Revision funding.

The MHSA continues to address a broad continuum of prevention, early intervention and service needs and provides funding for the necessary infrastructure, technology and training elements that will effectively support the local mental health system. MHSA specifies five major components of the MHSA program around which an extensive stakeholder process was created to consider input from all perspectives. MHSA specifies the percentage of funds to be devoted to each of these components.

An overview of the five components is listed below:

- **Community Services and Supports (CSS)** —“System of Care Services” described in MHSA is now called “Community Services and Supports.” CSS are the programs and services identified by each County Mental Health Department (County) through its stakeholder process to serve unserved and underserved populations, with an emphasis on eliminating disparity in access and improving mental health outcomes for racial/ethnic populations and other unserved and underserved populations.
- **Capital Facilities and Technological Needs (CFTN)** —This component addresses the capital infrastructure needed to support implementation of the CSS and Prevention and Early Intervention (PEI) programs. It includes funding to improve or replace existing technology systems and for capital projects to meet program infrastructure needs.
- **Workforce Education and Training (WET)** —This component targets workforce development programs to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.
- **Prevention and Early Intervention (PEI)** —This component supports the design of programs to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for unserved and underserved populations.
- **Innovation (INN)** —The goal of this component is to develop and implement promising practices designed to increase access to services by unserved and underserved groups, increase the quality of services, improve outcomes, and to promote interagency collaboration.

As approved by voters in 2004, the MHSA allowed for up to 5 percent of the total revenues received in the MHSF in each fiscal year to be used to support DMH, CMHPC and MHSAOAC. Other State entities are also funded from MHSF. The maximum amount allocated for State support was reduced to 3.5 percent in AB 100 and responsibilities were amended to streamline State oversight. These reductions are captured in the State Administrative Expenditures section of this report (see further detail beginning on Page 14).

For more information on MHSA activities, please visit the Web site at:
http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

EXPLANATION OF ESTIMATED REVENUES

By imposing a one percent income tax on personal income in excess of \$1 million, the MHSA has generated approximately \$6.5 billion through FY 2009-10. This includes both the income tax payments and interest income earned on the MHSF balance.

The MHSF is administered on a “cash basis.” The amounts actually collected differ slightly from estimated MHSA revenues displayed in the Governor’s Budget. This is because the Governor’s Budget, prepared using generally accepted accounting principles, must show revenue as earned, and therefore shows accruals for revenue not yet received by the close of the fiscal year. The fiscal information described through FY 2011-12 in this report is presented on a cash basis and is reflective of funds actually received in the fiscal year. Table 1 provides a comparison between estimated revenues on an accrual basis for the Governor’s Budget versus cash deposits into MHSF in each fiscal year.

As shown in Table 1, “cash transfers” are similar under either accounting approach. These amounts represent the net personal income tax receipts transferred into MHSF in accordance with Revenue and Taxation Code Section 19602.5(b). Similarly, “interest income” is comparable under either accounting approach.

The differences in the “Annual Adjustment Amount” are due to the amount of time necessary to allow for the reconciliation of final tax receipts owed to or from the MHSF and the previous cash transfers. Therefore, the Annual Adjustment shown in the Governor’s Budget will not actually be deposited into MHSF until two fiscal years after the revenue is earned.

**Table 1: Comparison Between MHSA Estimated Receipts
and the FY 2011-12 Governor's Budget May Revision
(Dollars in Millions)**

	Fiscal Year		
	2009-10	2010-11	2011-12
Proposed FY 2011-12 May Revision¹			
Cash Transfers	\$799.0	\$895.0	\$1,004.0
Interest Income Earned During Fiscal Year	14.9	3.4	0.8
Annual Adjustment Amount	-64.0	-23.0	43.0
Estimated Revenues	\$749.9	\$875.4	\$1,047.8
Estimated Receipts-Cash Basis			
Cash Transfers	\$799.0	\$895.0	\$1,004.0
Interest Income Earned During Fiscal Year	14.9	3.4	0.8
Annual Adjustment Amount	581.0	225.0	-64.0
Estimated Available Receipts²	\$1,394.9	\$1,123.4	\$940.8

¹Source: FY 2011-12 MHSF (3085) Supplementary Schedule of Revenues and Transfers (Schedule 10R).

²Estimated available receipts do not include funds reverted under WIC Section 5892(h) or administration funds not appropriated for use under WIC Section 5892(d).

OVERALL REVENUES

Table 2 below displays actual, estimated and projected receipts deposited into MHSF. Prior to FY 2008-09, this revenue was distributed to the five major components: CSS, WET, CFTN, PEI, and INN based on percentages specified in MHSA. Beginning in FY 2008-09, MHSA no longer specifies a percentage of funding for the CFTN and WET components. In FY 2008-09, 5 percent of MHSA revenue was allocated for State administrative support, 19 percent for PEI and the remaining 76 percent to CSS, with 5 percent of each of the funding streams from PEI and CSS used to support the INN component. Actual receipts are shown for FY 2009-10, while estimated receipts are shown for FY 2010-11 and projected receipts for FY 2011-12.

Table 2: Mental Health Services Act (MHSA) Estimated Revenues
Estimated By Component on a Cash Basis
(Dollars in Millions)

	Fiscal Year		
	Actual Receipts	Estimated Receipts	Projected Receipts
	2009-10	2010-11	2011-12
Community Services and Supports (Excluding Innovation)	\$1,007.2	\$811.1	\$690.0
Prevention and Early Intervention (Excluding Innovation)	251.7	202.7	172.5
Innovation	66.3	53.4	45.4
State Administration ³	69.7	56.2	32.9
Total Estimated Revenue Receipts⁴	\$1,394.9	\$1,123.4	\$940.8

³The State Administration cap changed from 5 percent to 3.5 percent as a result of AB 100; this reduction is effectuated beginning in 2011-12.

⁴Estimated available receipts do not include funds reverted under WIC Section 5892(h) or administration funds not appropriated for use under WIC Section 5892(d).

EXPENDITURES FOR MHSA COMPONENTS

The MHSA specifies funding for the major components, which form the basis of each County's MHSA program. Estimated expenditures for the five major components in FY 2010-11 are \$1.2 billion and \$1.5 billion in FY 2011-12. Implementation of each of the components has been staggered. This is partly due to the requirement in MHSA that local program and funding decisions be driven by a community stakeholder process at both the State and local levels and the requirement for mandated local hearings and comment periods.

In its administrative role, DMH considered input from all perspectives when developing the guidelines for MHSA. To this end, DMH created an extensive stakeholder process at both the State and local levels. In addition, local planning efforts involve clients, families, caregivers and partner agencies in identifying community issues related to mental illness and resulting from lack of community services and supports. These efforts also help to define the populations to be served and strategies that will be effective for providing the services, to assess capacity and to develop the work plan and funding requests necessary to effectively deliver the needed services.

AB 100 amended the MHSA provisions in WIC Sections 5890 through 5893, addressing fiscal and administrative responsibilities. In part, AB 100 amended these provisions to:

- Redirect MHSA funds to support three programs proposed for realignment: EPSDT, MHMC, AB 3632; and
- Authorize the State Controller's Office (SCO) to distribute funds to the Counties as specified.

This statutory change also aligns the administration of the MHSF to an accrual system used to develop the Governor's Budget beginning FY 2011-12. AB 100 specifies the release of funds to Counties, using formulas determined by the State and CMHDA. Beginning July 1, 2011, the SCO is required to release funds on a monthly basis for MHSA programs consistent with WIC Sections 5847, 5891 and 5892(j).

MHSA PROGRAM ACTIVITIES

General MHSA Provisions

In accordance with AB 100, DMH and MHSA are no longer responsible for approving County Mental Health Plans prior to fund allocations.

DMH, with input from stakeholders, implemented five components on a staggered basis. With the release of the planning guidelines for the INN component in January 2009, DMH successfully completed the implementation of all the County Plan components. The guidelines for the content of the County Plans can be located on DMH's website at: http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

In accordance with the spirit of MHSA to involve stakeholders, DMH committed to an extensive and transparent stakeholder process, beginning with its first general stakeholders meeting held in December 2004. Statute and regulations require the counties to seek and incorporate stakeholder input in the development of County Plans and updates. Further, statute and regulations require all County Plans and updates to be circulated for 30 days to stakeholders for review and comment prior to submission to DMH.

There are five components that comprise the County Plan. Below is a description of each component and efforts to date.

Community Services and Support (CSS)

CSS refers to "System of Care Services" as required by MHSA in WIC Sections 5813.5 and 5878.1 to 5878.3. The change in terminology differentiates MHSA CSS from existing System of Care programs funded at the federal, State and local levels. CSS are the programs and services identified by each county mental health department (County) through its stakeholder process to serve unserved and underserved populations, with an emphasis on eliminating disparity in access and improving mental health outcomes for racial/ethnic populations and other unserved and underserved populations.

As of the date of this publication, a total of \$3.7 billion has been approved for distribution for the CSS component since inception of MHSA. The funding was approved pursuant to the Three-Year Program and Expenditure Plan or updates the Counties were required to submit to DMH for approval. County-specific information can be found at: http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

MHSA Housing Program

DMH adopted the MHSA Housing Program as one service category under the CSS component (California Code of Regulations, Chapter 14, Title 9, Section 3615). On August 6, 2007, DMH, the California Housing Finance Agency (CalHFA) and CMHDA announced the formation of the MHSA Housing Program. A total of \$400 million of MHSA funds has been set aside for initial funding of the program. This new program provides both capital funding and rent subsidy funding for the development of permanent supportive housing for individuals with serious mental illness and their families, as appropriate, who are homeless or at risk of homelessness. This effort builds on the interagency collaboration established in 2005 with Governor Schwarzenegger's Homeless Initiative (GHI) (see Page 13).

Table 3 provides data on the MHSA Housing Program as of March 2011.

**Table 3: MHSA Housing Program
(As of March 2011)**

MHSA Housing Program Funds Available	\$400,000,000
MHSA Housing Program Funds Assigned (San Francisco County assigned additional \$2.163 million)	\$394,877,000
Number of Counties with Approved Applications	31
Number of Counties that have assigned funds	46
Number of Counties Opting Out	7
Number of Counties who have not assigned funds	6
MHSA Applications Received	107
Shared Housing Projects	22
Rental Housing Projects	86
MHSA Loans Closed	55
Total Dollars	\$136,757,000
MHSA Units	856
Units Receiving Capitalized Operating Subsidy	597
MHSA Applications Approved and waiting to close	3
Total Dollars	\$119,429,000
MHSA Units	1,185
Units Receiving Capitalized Operating Subsidy	880
MHSA Applications in Process	11
Total Dollars	\$12,311,000
MHSA Units	199
Units Receiving Capitalized Operating Subsidy	149

Capital Facilities and Technological Needs (CFTN)

This component addresses CFTN needed to provide programs and services for the CSS and PEI components. It includes funding to improve or replace existing technology systems and for capital projects to meet program infrastructure needs.

MHSA requires a portion of the revenues collected from FY 2004-05 through FY 2007-08 to be set aside for the CFTN component of the County Plan. In subsequent fiscal years, Counties may use a portion of funding from the CSS component to meet ongoing CFTN needs.

Funding for Capital Facilities is to be used to acquire, construct and/or renovate facilities that provide services and/or treatment for those with severe mental illness or that provide administrative support to MHSA funded programs. Funding for Technological Needs is used to pay for County technology projects with the goal of improving access to and delivery of mental health services.

In March 2008, planning guidance was released for Counties to access funds from the CFTN component. Because MHSA limits the number of years funds are dedicated to this component, in the same year the guidance was released, a total amount of \$453.4 million was also made available. As of November 2010, 44 counties have submitted their CFTN component of the County Plan. As of November 2010, approximately \$60.9 million has been approved for Capital Facilities projects and \$188.4 million has been approved for Technological Needs projects. The funding was approved pursuant to the Three-Year Program and Expenditure Plan or updates the Counties were required to submit to DMH for approval.

Workforce Education and Training (WET)

This component is intended to “remedy the shortage of qualified individuals to provide services to address severe mental illnesses.” (WIC Section 5820) It required each County to identify workforce shortages in both their own and contract provider staff.

The planning guidance for the WET component was released in July 2007. As of March 2011, \$214.1 million has been approved for distribution since the inception of MHSA. The funding was approved pursuant to the Three-Year Program and Expenditure Plan or updates the Counties were required to submit to DMH for approval. County-specific information can be found at:

http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

An April 2009 analysis of WET plans submitted by 28 counties (representing 67.7 percent of California’s total population), found that Counties identified psychiatrists, licensed clinical social workers, marriage and family therapists and licensed supervising clinicians as the hardest-to-fill positions. The analysis also identified the need for proficiency in non-English languages: an estimated 7,800 additional staff are needed in California’s 10 most common non-English languages: Spanish, Tagalog, Cantonese, Vietnamese, Mandarin, Farsi, Chinese, Korean, Russian and Cambodian.

In accordance with MHSA, DMH developed a Five Year WET Development Plan which was reviewed and approved by CMHPC. This plan addressed specific areas and

guides DMH's Statewide WET efforts. These efforts include: the expansion of postsecondary education to meet the needs of occupational shortages; expansion of loan forgiveness and scholarship programs; establishment of stipend programs; and, establishment of regional partnerships among mental health and educational systems. The following summarizes major State level activities to date.

Financial Incentive Programs

- Since its inception in 2005, 900 second year students in Master's of Social Work degree programs have received a stipend of \$18,500. Upon graduation, the student works for a minimum of one year in the public mental health system for each year a stipend was received. Each year, over 50 percent of the students receiving stipends have proficiency in a non-English language and an average of 55 percent represent minorities.
- Since FY 2009-10, 241 students obtaining Doctorates of Psychology, Masters' degrees in Marriage and Family Therapy and Psychiatric Mental Health Nurse Practitioners have received stipends of up to \$18,500 in exchange for one year's work in the public mental health system for each year a stipend was received. Over 60 percent of the students who received stipends are proficient in a language other than English. Of these students, 102 have graduated and 118 are currently employed in the public mental health system.
- Through the Mental Health Loan Assumption Program (MHLAP), educational loans of up to \$10,000 are paid on behalf of mental health professionals who work in the public mental health system in hard to fill or hard to retain positions. In FY 2008-09, 288 individuals received awards under MHLAP and in FY 2009-10, 309 individuals received awards under this program for a total of 597 individuals to date. Two hundred seventy-six of the awardees are County-employed and 273 are employed by community-based organizations. In addition, out of the total number of students who have participated in the program to date, 174 are self-identified as consumers and family members, 397 are bicultural and 291 are bilingual.

Other Programs/Activities

- DMH and the Office of Statewide Health Planning and Development (OSHPD) have partnered to add a mental health track to the Song-Brown Residency Program for Physician Assistants. Since FY 2008-09, grants of \$100,000 each to five Physician Assistant training programs have resulted in 667 students being exposed to MHSA principles and practice. Enhancements vary with the program, but mental health curriculum consistent with MHSA principles has been added to all programs. Other enhancements include rotations in the public mental health system, attendance at psychiatric clinical conferences/meetings and active collaboration with the public mental health system for some students.
- DMH and OSHPD have partnered to provide technical support to Counties completing applications in order to obtain a federal designation as a "mental health professional shortage area." This designation allows the Counties to compete for federal funding. For example, OSHPD approved 110 facilities for National Health

Service Corps placement of mental health professionals, resulting in approximately \$3.2 million annually in new federal funds beginning October 2010.

- Three universities (University of California, Davis; University of California, Los Angeles-Kern; and University of California, San Francisco-Fresno) have expanded their psychiatric residency programs or are working to establish new programs in areas of particular shortage, including specialists in Child Psychiatry, Integrated Psychiatry and Mental Health.
- Five Regional Partnerships working with California State University, Monterey Bay (CSUMB); California State University, Chico (CSUC); California State University, Sacramento (CSUS); and the California State University Humboldt/Chico consortium have added new Masters' in Social Work (MSW) programs. As a result there were 40 additional MSW students in FY 2009-10 at CSUS, 40 at CSUC and 50 more in FY 2010-11 at CSUMB. California State University, Fresno has a Psychiatric Nurse Practitioner Program with seven students graduating in 2011. Additional work is being done to develop distance learning programs for Associate's and Bachelor's degrees in Social Work.

Prevention and Early Intervention (PEI)

This component supports the design of programs to prevent mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for unserved and underserved populations.

The planning guidance for the PEI component was released in September 2007. The MHSOAC, as of March 2011, has approved approximately \$742.5 million since the inception of MHSA. This amount represents approvals for programs to be implemented at the local level, projects for statewide efforts, training, technical assistance and capacity building. County-specific information can be found at:

http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

PEI State Level Efforts

In 2007, Governor Schwarzenegger directed DMH to convene a Suicide Prevention Plan Advisory Committee to advise DMH on the development of the *California Strategic Plan on Suicide Prevention: Every Californian is Part of the Solution*. The Plan was completed in 2008 and has been widely disseminated. DMH established the Office of Suicide Prevention (OSP) in February 2008 to serve as a statewide resource on suicide prevention and to assist State and local activities in support of implementation of the *California Strategic Plan on Suicide Prevention*. Thirty-four counties have submitted PEI component plans containing suicide prevention activities that support recommendations in the State Strategic Plan. Nineteen of these projects have suicide prevention as the primary activity and 14 actively coordinate with OSP through monthly conference calls and other communications. In its role as a statewide education resource, OSP regularly responds to requests for information and resources from stakeholders throughout California. OSP established a location within the DMH website that links users to educational materials and resources about preventing suicide. To support building capacity of accredited suicide prevention hotlines OSP also convenes

monthly conference calls among the 10 accredited suicide prevention hotlines in California.

In the Spring of 2007, MHSOAC convened a Committee to recommend strategies to reduce mental health stigma and discrimination. The Committee recommended that a 10-year strategic plan be developed. At the request of MHSOAC, DMH convened a 50-plus member stakeholder advisory committee to provide input on the development of the strategic plan. Public dialogue and subsequent feedback on a draft plan was obtained through two public workshops, a statewide conference call and written comments. In June 2009, the 52-page Strategic Plan, consisting of four Strategic Directions, 26 Recommended Actions, and 134 next steps for local and statewide implementation was adopted by MHSOAC. Dissemination of the California Strategic Plan on Reducing Mental Health Stigma and Discrimination began in late Fall 2010.

As of January 2011, MHSOAC had approved more than \$742.5 million worth of PEI funds for all 58 counties. An additional \$129 million was approved for statewide PEI efforts to prevent suicide, reduce stigma and discrimination, and improve student mental health.

Innovation (INN)

The goals for the funding of the INN component are to develop new mental health approaches to increase access to unserved and underserved groups, increase the quality of services (including better outcomes), promote interagency collaboration and increase access to services. An INN project contributes to learning, as opposed to providing a service, by “trying out” new approaches that can inform current and future practices/approaches in communities.

The planning guidance for the INN component was released in January 2009. As of March 2011, the MHSOAC has approved approximately \$177 million since the inception of the MHSA. County-specific information can be found at:

http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

Governor’s Homeless Initiative (GHI)

In August 2005, Governor Schwarzenegger announced an initiative to address long-term homelessness in California. Part of the Initiative, now known as GHI, directed an interagency effort to provide capital funding for housing projects to develop permanent supportive housing and serve a target population of persons who are chronically homeless and have severe mental illness. The interagency effort included the Department of Housing and Community Development (HCD), CalHFA and DMH. GHI called for HCD to utilize approximately \$40 million of Proposition 46 funds as capital for the development of permanent supportive housing for the homeless mentally ill.⁵ An additional \$3.15 million in MHSA funds were set aside to provide funding for capitalized rent subsidies and capacity building training in the Counties.

⁵ Proposition 46, the Housing and Emergency Shelter Trust Fund Act of 2002, authorized the sale of \$2.1 billion in general obligation bonds to finance State housing programs, including housing for persons with mental illness.

Counties are an essential component of this effort as there is a long-term commitment to provide supportive services to developments that qualify for funding under GHI. GHI funds have been awarded to 12 projects located throughout the State, creating 250 units for the target population. These 12 developments have utilized all of the funding prescribed for the program.

STATE ADMINISTRATIVE EXPENDITURES

As approved by voters in 2004, MHSA allowed up to 5 percent of the total annual revenues in each fiscal year for State administrative expenditures to support DMH, CMHPC, MHSOAC and other State entities. AB 100 amended MHSA and reduced the maximum amount available for administrative expenditures from 5 percent to 3.5 percent.

The administrative expenditures below reflect the May Revision funding levels for State entities receiving MHSA funding:

Judicial Branch (JB)

FY 2009-10	FY 2010-11	FY 2011-12
\$999,000	\$1,012,000	\$1,063,000

Juvenile Court System

The JB Juvenile Court System receives funding and 4.0 positions to address the increased workload relating to mental health issues in the area of PEI for juveniles with mental illness in the juvenile court system, or at risk for involvement in the juvenile court system.

FY 2009-10 through FY 2010-11 Deliverables

- Conduct needs assessment of the courts and/or justice system partners to determine levels of need for wards with mental health or substance abuse issues.

Status: Ongoing during FY 2010-11. The JB Juvenile Court System is coordinating with the Department of Alcohol and Drug Programs, local courts and other partners to determine needs and improve outcomes.

- Identify best and promising practices to improve case processing and outcomes with State and local partners.

Status: Ongoing during FY 2010-11. The JB Juvenile Court System has introduced the Best Practices Approach Initiative which serves to identify State and national education and outreach programs designed to enhance the effectiveness of case processing and outcomes for juvenile offenders with a mental illness. In addition, it drafted a Briefing on Evidence-Based Practices to support the Initiative.

- Identify methods of evaluating effectiveness of mental health programs in juvenile courts. Track and monitor performance of court-related programs.

Status: Ongoing during FY 2010-11. The JB Juvenile Court System has finalized recommendations for the juvenile subcommittee of the Task Force for Criminal Justice Collaboration on Mental Health Issues (the Task Force). In addition, mental health court rosters and databases have been updated. Future activities for FY 2010-11 and 2011-12 include reviewing outcomes of the Statewide Mental Health Court Evaluation and scheduling site visits to monitor and help implement evidence-based practices in juvenile probation.

- Develop and support educational materials for judicial officers who hear cases involving juvenile offenders with a mental illness.

Status: Ongoing during FY 2010-11. The JB Juvenile Court System developed courses for the Beyond the Bench Conference and the California Youth Court Summit focused on best practices related to juvenile mental health issues. The JB is also in the process of implementing a website for disseminating best practices information and models. It has also disseminated materials to faculty and participants at various judicial training programs.

- Promote collaboration between courts and mental health providers by hosting regional meetings between the two.

Status: Ongoing during FY 2010-11. The JB Juvenile Court System is in the process of developing a work plan and identifying potential partners.

Adult Court System

The JB Adult Court System also receives funding and 2.0 positions to address the increased workload relating to adults in the mental health and criminal justice systems.

FY 2009-10 through FY 2010-11 Deliverables

- Assist courts in their efforts to respond more effectively to consumers by identifying best practices, conducting needs assessments, analyzing cost-benefit outcomes of court programs and collaborating with a variety of stakeholders for the mental health community.

Status: Ongoing during FY 2010-11. The JB Adult Court System drafted a Mental Health Court Research Brief based on findings related to long-term effectiveness of mental health programs in courts. The JB Adult Court System also developed recommendations for the Task Force to improve outcomes for adults with mental illness in the criminal justice system. Activities for FYs 2010-11 and 2011-12 include establishment of a reentry program liaison and collaboration with other MHSA partners in support of California Veteran Court projects.

- Disseminate locally-generated best and promising practices to trial courts. Develop and support educational programming for judicial officers working with offenders with a mental illness.

Status: Ongoing during FY 2010-11. The JB Adult Court System has developed and implemented a list serve/ mailing list for judicial officers in mental health courts to share and disseminate locally-generated best and promising practices. Activities for FY 2010-11 include publication of a briefing paper on evidence-based practices.

- Conduct regional symposia for judges and court personnel.

Status: Ongoing during FY 2010-11. The JB Adult Court System sponsored two regional Elder Court Roundtables that focused on mental illness and related conditions. Future activities for FY 2010-11 include producing a webinar for attorneys who provide pro bono legal services to underserved communities with emphasis on collaborative criminal justice principles.

- Participate in both local and national conferences related to best practices for persons with mental illness in the court system. Status: Ongoing during FY 2010-11.
- Collaborate with stakeholders, including local departments of mental health, treatment and service providers, court users and their families.

Status: Ongoing during FY 2010-11. The JB Adult Court System regularly meets with and provides technical assistance to drug and mental health court administrators. The JB Adult Court System also holds discussions with the California Association of Drug Court Professionals to support their ability to provide referrals and promote increased integration between courts and mental health providers.

State Controller's Office (SCO)

FY 2009-10	FY 2010-11	FY 2011-12
\$295,000	\$714,000	\$1,733,000

The SCO receives MESA funds to support the new Human Resource Management System (HRMS) payroll system for use by State departments. Each year, the amount of funding expended on external contractors fluctuates. In FY 2009-10 approximately 44 percent of the 21st Century Project appropriation budget was expended on external contractors. In FY 2010-11 approximately 67 percent of the 21st Century Project appropriation budget is anticipated to be expended on external contractors. In FY 2011-12 approximately 59 percent of the 21st Century Project appropriation budget is anticipated to be expended on external contractors. State departments, including DMH, are required to fund the new payroll system since the existing HRMS payroll system needs improvements in accuracy and timeliness.

Activities: Development of the State's new HRMS/Payroll System, MyCalPAYS, which will include Personnel Administration, Organizational Management, Time

Management, Benefits Administration, Payroll and an Employee/Manager Self Service functionality.

Department of Consumer Affairs (DCA) Regulatory Boards

FY 2009-10	FY 2010-11	FY 2011-12
\$271,000	\$122,000	0

The DCA receives funding and 1.0 position to ensure that educational and examination requirements for licensed/registered Marriage and Family Therapists (MFT), Clinical Social Workers (LCSW) and Educational Psychologists (LEP) include cultural competency, resilience and recovery principles.

FY 2009-10 through FY 2010-11 Deliverables

- Provided technical assistance in conjunction with OSHPD to the federal National Health Service Corps (NHSC) that resulted in California-licensed LCSW eligibility for the federal loan repayment program. This could result in up to \$35 million per year in new federal funding for eligible Californians. Status: Completed
- Provide information and technical assistance to potential loan repayment applicants through partner organizations and interested parties. Status: Ongoing
- Developed and disseminated via video conferencing a “Best Practices Guide” for supervision of MFTs, Associate Clinical Social Workers and Licensed Professional Clinical Counselor (LPCC) interns that emphasizes cultural competence, wellness and recovery. Status: Completed
- Researched and publicized federal and foundation funding opportunities for schools and mental health professionals in underserved areas. Status: Ongoing
- Implemented Senate Bill 33 (Correa, Chapter 26, Statutes of 2010) that requires integration of MHSA principles in MFT curriculum effective August 1, 2012 by:
 - 1) Developing and disseminating a chart summarizing the new curricular requirements.
 - 2) Training and providing technical assistance to 72 MFT educators and schools.
 - 3) Assisting 25 schools to become “early adopters” of new curriculum.
 - 4) Accepting applications in early 2011 for LPCC, a newly approved licensure category in California (this program is expected to add 3,000 LPCCs and interns to the public mental health workforce in three years).

Status: The first three deliverables are complete; the final one is ongoing.

- Perform a review of relevant examination programs that includes how to incorporate the principles of MHSA. Status: Ongoing

Actions taken by the 2011-12 Conference Committee eliminated the MHSA funding for FY 2011-12 for DCA.

Office of Statewide Health Planning and Development (OSHPD)

FY 2009-10	FY 2010-11	FY 2011-12
\$436,000	\$881,000	\$895,000

OSHPD receives funding and 1.0 position to increase the number of California communities federally designated as mental health professional shortage areas and to expand Physician Assistants' preparation to include training on cultural competency, recovery, resilience and community collaboration.

FY 2009-10 through FY 2010-11 Deliverables (Physician Assistant Deliverables)

- Since FY 2009-10, grants of \$100,000 each to five Physician Assistant training programs, resulting in 667 students being trained in MHSA curriculum through rotations, grand rounds and didactic training. Status: Completed.

FY 2009-10 through FY 2010-11 Deliverables (Mental Health Professional Shortage Area (MHPSA) Deliverables)

- Provided technical assistance to NHSC that resulted in California's LCSWs to be eligible for federal loan repayment. Status: Completed
- Recommended approval of 128 provider sites for NHSC placement of mental health professionals resulting in \$3.2 million in new federal funds per year. Status: Completed
- Reviewed and approved 35 applications for designation as MHPSAs. Status: Ongoing
- Responded to 330 requests for individual technical assistance on MHPSA applications and benefits. Status: Completed

Provide technical assistance seminars/teleconferences to County Mental Health providers on benefits of, and how to apply for, the MHPSA designation. Status: Completed.

FY 2009-10 through FY 2010-11 Positions (OSHPD-Health Professions Education Foundation Activities)

OSHPD also receives funding and 2.0 positions to provide educational loan repayments for mental health professionals to encourage work in the public mental health system.

FY 2009-10 through FY 2010-11 Deliverables (OSHDP-Health Professions Education Foundation Activities)

- Since FY 2008-09, a total of 597 individuals in 52 counties received Mental Health Loan Assumption Program awards totaling \$4.7 million. Of these, 174 (29 percent) self-identified as consumers and/or family members; 397 (66 percent) were bicultural; and 291 (49 percent) were bilingual. Status: Completed
- FY 2010-11 Award process: Publish FY 2010-11 MHLAP application on the internet. Status: Completed
- Conducted Technical Assistance calls to help potential applicants. Status: Completed
- Inform County Mental Health Directors, Community Based Organizations and individual applicants of the new award cycle through e-mails, letters and conference calls. Status: Ongoing
- Provide 18 technical assistance site visits on how to successfully complete the MHLAP application. Status: Ongoing

Department of Aging (CDA)

FY 2009-10	FY 2010-11	FY 2011-12
\$115,000	\$236,000	0

The Department of Aging receives funding and 2.0 positions to increase the department's infrastructure capacity to promote and support MHSA goals and projects that address older adult mental health.

FY 2009-10 through FY 2010-11 Deliverables

- Provide technical assistance at conferences and committees to promote participation of older adult stakeholders. These include California Mental Health Services Authority, MHSOAC, California Social Work Education Council, CMHDA, CMHPC, Alcohol and Drug Programs and the California Reducing Disparities Project. Status: Ongoing
- Provide educational presentations and resources at the community level regarding older adult mental health issues. Status: Ongoing
- Foster partnerships between local and State-level organizations that address older adult mental health issues. Status: Ongoing
- Develop and provide training to Department of Aging staff and area agencies regarding older adult mental health issues. Status: In progress, due June 2011.

- Gather and disseminate older adult mental health-based educational trainings, best practices and resources to stakeholders. Status: Ongoing
- Developed a summary report of MHSA PEI Plans that have an older adult component. Status: Completed
- Develop summary report of MHSA Statewide Projects that have a funded older adult component. Status: Will be completed after MHSA Statewide Projects have been funded.
- Develop the Department of Aging webpage to promote training materials, evidenced-based practices, outreach and activities that department MHSA Memorandum of Understanding liaisons are participating in to promote older adult mental health issues. Status: In progress

Actions taken by the 2011-12 Conference Committee eliminated the MHSA funding for FY 2011-12 for CDA.

Department of Alcohol and Drug Programs (DADP)

FY 2009-10	FY 2010-11	FY 2011-12
\$251,000	\$289,000	0

The DADP receives funding and 2.0 positions to improve services to individuals with co-occurring disorders (COD) (i.e., individuals with mental health disorders and alcohol and other drug disorders).

FY 2009-10 through FY 2010-11 Deliverables

- Improve client access to quality treatment and position COD as an integral component of health care reform by creating and maintaining long-term partnerships with the County Alcohol and Drug Program Administrators' Association of California, CMHDA, Alcohol and Other Drugs Policy Institute, California Institute for Mental Health and local entities. Status: Ongoing
- Improve COD provider capacity and increase quantity of certified COD providers by presenting evidence-based Dual Diagnosis Capability in Addiction Treatment and Dual Diagnosis Capability in Mental Health Treatment tools; three statewide conferences in FY 2009-10 and the same number or more in FY 2010-11. Status: Ongoing
- Increase the number of culturally competent COD providers by reviewing CODs and their intersection with cultural competency at statewide meetings with providers. DADP will participate in more than a dozen events for COD cultural competency efforts during 2009 through 2011. Status: Ongoing
- Develop and electronically distribute COD E-Circular, a COD-focused e-newsletter that highlights current trends, providers and treatment options for

hundreds of COD providers and policymakers throughout the State. This is produced twice yearly. Status: Ongoing

- Develop and maintain the COD website, introducing an Evidence-Based and Promising Practices page. Status: Ongoing

Actions taken by the 2011-12 Conference Committee eliminated the MHSA funding for FY 2011-12 for DADP.

Department of Health Care Services (DHCS)

FY 2009-10	FY 2010-11	FY 2011-12
\$842,000	\$1,331,000	\$865,000

The DHCS receives funding and 4.0 positions to manage and support a contract to develop and implement the interdepartmental California Mental Health Care Management Program (CalMEND). CalMEND serves to improve mental health care for Medi-Cal beneficiaries with severe mental illness or severe emotional disturbance (SED), while managing costs for this population.

DHCS has regularly-scheduled planning, coordination and training conference calls/webinars with CalMEND team members. DHCS directed selection of and contracting with pilot sites throughout the State for CalMEND mental health/primary care integration activities. DHCS provides technical experts to support the pilot programs and is conducting two-day learning sessions (and providing technical assistance) for staff from pilot agencies (County primary care and mental health providers).

FY 2009-10 through FY 2010-11 Deliverables

- Modify selected change concepts to promote integration of publicly funded primary care and mental health services. Status: In progress, expected completion is October 2011.
- Train primary care providers on mental health care principles and practices to improve their ability to provide care to persons with severe mental illness (SMI). Status: In progress, expected completion is October 2011.
- Conduct medication therapy management service demonstration project. Status: In progress during FY 2010-11.
- Continuation of pilot collaborative performance improvement projects with specialty County mental health services. Status: In progress, expected completion is October 2011.
- Conduct Improving Client Service Capacity learning sessions geared toward improving transitions and recovery for clients with SMI. Status: In progress during FY 2010-11.

- Continue research on the safety of medications for children/youth and develop an ongoing medication utilization review and management report. Status: In progress during FY 2010-11.
- Implement a decision aid tool for use in the public mental health setting that will help people make specific, deliberate choices and provide information about options and outcomes relevant to the client's health status and personal values. Status: In progress during FY 2010-11.
- Contracted with University of California, Los Angeles to plan and develop process for how to use decision aids within public mental health settings. Status: Completed
- Work with client and family members to gain input on decision aid tools. Status: Ongoing

Actions taken by the 2011-12 Conference Committee reduced the MHSA expenditure for FY 2011-12 to \$865,000 and 2.0 positions for projects related to pharmacology and for mental illness.

Managed Risk Medical Insurance Board (MRMIB)

FY 2009-10	FY 2010-11	FY 2011-12
\$81,000	\$171,000	\$0

The MRMIB receives funding and 2.0 positions to: improve the service delivery system for the Healthy Families Program (HFP); evaluate processes and policies for access to HFP mental health services and communicate and collaborate among the HFP health plans and County mental health departments and between MRMIB and other state departments.

FY 2009-10 through FY 2010-11 Deliverables

- Develop a mental health screening and assessment tool for Serious Emotional Disturbance (SED) determinations. Status: In progress, expected completion is August 2011.
- Monitor mental health referral processes between HFP health plans and County mental health departments. Status: Ongoing
- Revise annual HFP health plan data collection template. Status: In progress
- Revise HFP brochure that provides information to enrollee families about the services available under the HFP SED benefit. Status: In progress
- Revise and update the Memorandum of Understanding (MOU) between HFP health plans and County mental health departments. Updating the MOUs will better communicate the standards, processes and procedures to support consistent coordination of mental health services. Status: In progress, MRMIB

and County mental health departments are working together to update the MOU. Status: Ongoing

- Conduct quarterly workgroup meetings with HFP health plans, County mental health departments, MRMIB, DMH and CMHDA with the goal of improving service delivery to HFP enrollees served by multiple service delivery systems. Status: Ongoing
- Conducted a comprehensive evaluation of HFP health plan-provided mental health services and prepared a final report recommending improvements in the provision, quality, coordination and continuity of mental health services. Status: The Mental Health and Substance Abuse Services report was completed by APS Health Care in June 2010.

Action taken by the 2011-12 Conference Committee eliminated the MHSA funding for FY 2011-12 for MRMIB.

Department of Developmental Services (DDS)

FY 2009-10	FY 2010-11	FY 2011-12
\$1,062,000	\$1,133,000	\$1,133,000

The DDS receives funding, including 1.0 position to coordinate a statewide community-based system of mental health services for Californians with developmental disabilities by distributing funds to Regional Centers throughout California.

FY 2009-10 through FY 2010-11 Deliverables

- Distribute, through a Request for Applications process, funds to six Regional Centers throughout California, each of which created and implemented innovative training projects focusing on early intervention and treatment for children and families impacted by mental health issues and adults with a dual diagnosis. Status: Ongoing
- Launched new DDS Mental Health Webpage:
(<http://www.dds.ca.gov/HealthDevelopment/index.cfm>)
The webpage highlights Regional Centers, the Developmental Disability/Mental Health Collaborative and other mental health agencies that address the overlap of developmental disabilities and mental health. Status: Completed
- Utilizing multiple data sets from developmental disabilities, mental health and corrections, DDS created a needs assessment to improve the delivery systems at the local level for consumers living with a dual diagnosis. Status: Completed

Department of Mental Health (DMH)

FY 2009-10	FY 2010-11	FY 2011-12
\$31,094,000	\$32,988,000	\$12,339,000

DMH supports 147.0 positions and receives MHSA funding to continue the statutory requirements of the MHSA as follows:

- Director's Office has 2.0 positions that provide technical assistance to Program Compliance by recommending audit tests/procedures for the fiscal component of specified County MHSA audits. Staff monitors the status of implementing recommendations identified in the Department of Finance's (DOF) audit report and responds to inquiries and requests regarding the MHSA Program.
- CMHPC has 5.0 positions that provide oversight of DMH's workforce education and training activities, and technical assistance for County mental health departments in the development of workforce education and training plans. These positions sponsor a workgroup to develop a curriculum for training peer specialists and to evaluate the performance of local mental health programs.
- External Affairs has 1.0 position that provides information to various stakeholders, such as the media, general public, and other governmental agencies regarding the MHSA Program.
- Legal Services has 4.0 positions that provide legal research and advice, handle litigation and construct plans and policies concerning the legal issues associated with MHSA. Staff prepared court documents, reviews statutes, legislation and information notices, analyzes policy issues, reviews and prepares regulations, creates regulation packages for the Office of Administrative Law, and assists DMH in responding to requests by other agencies, individuals and groups working on the implementation of the MHSA.
- Legislation has 2.0 positions that review MHSA-related bills, analyze policy and fiscal impacts, draft and submit proposed legislation that furthers the intent of MHSA, consult with program staff to respond to constituent concerns and questions and attend meetings with legislators, legislative staff and stakeholder groups on MHSA-related issues.
- Strategic Management has 1.0 position that develops the Strategic Plan and the Annual Report, which include goals and objectives directly related to MHSA. This position also serves as the representative in the Data Quality Strategy Workgroup, which is currently working to develop a quality control methodology that will improve the quality of MHSA data and enhance DMH's ability to analyze data and produce outcome measures.
- Multicultural Services has 5.0 positions that provide management, oversight and implementation of contracts for the California Reducing Disparities Project Capacity Building and Cultural Competence Consultant. These positions also

work with Counties to ensure compliance with the 1915(b) Specialty Health Services Consolidation Waiver and regulations pertaining to MHSA statewide reporting and tracking of access and disparities data, and the continuance of cultural competency efforts in the public mental health system. They also develop and implement statewide Cultural Competency Plan Requirements for all Counties, including technical assistance and review/scoring oversight.

- Program Compliance has 13.0 positions that conduct financial and clinical program audits of County mental health program and contract providers to determine compliance with MHSA laws, regulations and policies; investigations of unusual occurrence reports (assaults, deaths, etc.); and criminal background checks on all direct care staff. Staff assures that County mental health programs and their contract providers are in compliance with the MHSA laws and regulations by completing such tasks as: system reviews; MHSA clinic certifications and recertifications; chart audits; and questionable medical billing assessments and referrals. Staff is also responsible for implementing and maintaining a system that assures compliance with facility licensing and program certification requirements for a range of 24-hour psychiatric and rehabilitation care facilities.
- Community Services Division has 56.0 positions that provide oversight, technical assistance, data collection and analysis, policy recommendations for the design, implementation, monitoring and evaluation of MHSA statewide projects, and conduct budget and legislative bill analysis, fiscal forecasting and tracking of MHSA funding. Staff also collaborate with Counties to conduct Needs Assessments of their workforce, write and issue Requests for Proposals and MOUs based on their specified needs, monitor the execution of contracts and process MHSA Agreement modifications. Staff develop, implement, monitor and evaluate program and fiscal policies for Counties. In addition, these positions provide information about suicide prevention and veterans' mental health initiatives, including data and statistics, best practices, training opportunities and educational resources for stakeholders.
- Administrative Services Division has 36.0 positions (14.0 positions in Administrative Services and 22.0 positions in Financial Services). The 14.0 positions in Administrative Services support the processing of payroll; development of classification proposals; hiring; employee discipline and performance management; space and facilities planning for headquarters staff; and training and workforce development. Staff oversees the DMH's disaster preparedness system (including the development of a statewide mental health disaster plan), preparation and solicitation of acquisition documents and development and oversight of contractual agreements.

The 22.0 positions in Financial Services support all aspects of the development and administration of the MHSA programs' budgets; technical support on budget/fiscal issues; performance of annual budget development activities; and response to legislative inquiries and analysis for budget hearings. Staff also supports the fiscal activities of MHSA to ensure accountability; efficient and accurate reporting of expenditures and revenues; coordination with DOF to develop MHSA revenue estimates; and coordination with DMH program and

accounting staff on the estimated cash disbursements from the MHSF. Staff tracks MHSF cash receipts and cash outflow, monitors and analyzes cash components of the various accounts and each County subaccount monthly and ensures that quarterly distributions are posted accurately and in a timely manner. In addition, staff establishes policies and guidelines to ensure counties are fiscally accountable and in compliance with the requirements in the MHSA.

- Information Technology has 22.0 positions that provide support to DMH and Counties through the review and analysis of County funding requests related to the MHSA technological needs component; development and maintenance of automated tools to support MHSA functions (i.e., the Data Collection and Reporting tool and the Administrative Information Management System) and provide up-to-date fiscal detail information to counties. Staff also supports critical document workflows associated with the components of the MHSA programs and general MHSA infrastructure needs, including helpdesk, networking, e-mail, telecommunications and web support.

Actions taken by the 2011-12 Conference Committee on the Budget reduced the MHSA expenditures for FY 2011-12 to \$12,339,000 and 24 positions, which includes \$457,000 and 5.0 positions for the CMHPC, to fund key statewide projects including housing, suicide prevention, mitigation of stigma projects, focused data analysis, and some community-based contracts.

Mental Health Services Oversight and Accountability Commission (MHSOAC)

FY 2009-10	FY 2010-11	FY 2011-12
\$2,492,000	\$5,408,000	\$5,529,000

MHSOAC receives funding and 22.0 positions to support its statutory oversight and accountability for MHSA, the Adult and Older Adult System of Care Act and Children's MHSA. MHSOAC has three primary roles:

- Provide oversight, review and evaluation of projects and programs supported with MHSA funds;
- Ensure oversight and accountability of the public community mental health system; and
- Advise the Governor and the Legislature regarding State actions to improve care and services for people with mental illness.

Actions taken by the 2011-12 Conference Committee no longer require MHSOAC to review and/or approve local MHSA funding requests but maintain the integrity for evaluation and outcomes responsibilities contained in the MHSA.

Department of Rehabilitation (DOR)

FY 2009-10	FY 2010-11	FY 2011-12
\$103,000	\$220,000	0

The DOR receives funding and 2.0 positions to increase the capacity of 26 County Mental Health/Department of Rehabilitation Cooperatives programs that support individuals with mental health disabilities to find and keep employment.

FY 2009-10 through FY 2010-11 Deliverables

- Provide information and technical assistance to local partners regarding the development of working relationships between DOR and County mental health. Status: Ongoing
- Develop new cooperative programs. Status: New programs established in Stanislaus County in FY 2010-11, Imperial and Lake counties in FY 2009-10, and Butte County in FY 2008-09.
- Develop new and expand existing cooperative programs as resources allow. Status: In FY 2009-10 a new service contract was completed for San Francisco and Alameda counties and contracts were expanded in Kern and Santa Barbara counties. Thirty American Recovery and Reinvestment Act-funded contracts were developed and amended to support local cooperative job placement programs for consumers.
- Provided training and technical assistance to local partnerships to develop and enhance vocational services by conducting 26 trainings on contracts to 13 districts in FY 2009-10 and distributing training catalogues to all 13 DOR districts and County mental health agencies in FY 2010. Status: Completed
- Developed and maintain tracking system for vocational assessments training for local partners. Status: The tracking system was completed in FY 2009-10; however, the maintenance for the system is ongoing.
- Provide administrative oversight to cooperative programs via comprehensive three day site visits. Status: Ongoing
- Complete site visits as needed for technical assistance, follow up to comprehensive monitoring site visits. Status: Ongoing
- Maintain ongoing communication with partners through participation in DOR's Cooperative Program Advisory Committee, CMHDA meetings. Status: Ongoing

Actions taken by the 2011-12 Conference Committee eliminated the MHSA funding for FY 2011-12 for DOR.

Department of Social Services (DSS)

FY 2009-10	FY 2010-11	FY 2011-12
\$734,000	\$759,000	0

The DSS receives funding and 5.0 positions to provide counties with technical assistance in establishing and administering California Wraparound Programs consistent with MHSA requirements and WIC Section 18250.

FY 2009-10 through FY 2010-11 Deliverables

- Provide necessary support and assistance to Counties to develop procedures, protocols and tools necessary to implement and administer the California Wraparound Program. Provide trainings related to implementing this program and fiscal processes. Status: Ongoing
- Respond to County requests and provide training and technical assistance regarding issues related to administration of the California Wraparound Program. Status: Ongoing
- Develop an annual schedule for regular County site visits to support the administration of the California Wraparound Program. Status: In progress during FY 2010-11.
- Collaborate on relevant policy documents or proposed regulations that may impact or relate to programs and services common to both DSS and DMH. Status: Ongoing
- Provide instruction and consultation to County public health nurses to ensure accurate and adequate documentation in the Health and Education Passport in the Child Welfare Services/Case Management System. Status: Ongoing
- Develop procedures, protocols and tools necessary to implement and operate programs established pursuant to components of MHSA and other programs and services common to both DSS and DMH. Status: Ongoing
- Facilitate County implementation of program monitoring of Wraparound outcomes in alignment with State mandated outcomes and accountability. Status: Ongoing
- Facilitate County implementation and systemic alignment of MHSA components with major DSS initiatives, specifically the Program Improvement Plan resulting from the federal Child and Family Services Review (CFSR), as well as other relevant federal and State mandates in other program areas. Status: Ongoing
- Coordinate the development of MHSA performance outcomes with the federal CFSR outcomes and California Wraparound Standards. Work with relevant teams/workgroups and County personnel regarding analysis of the collected

data and respond to issues that the data identifies in order to improve performance with respect to well-being outcomes for children in foster care. Status: Ongoing

- Collaborate with outside national partners to build a framework that supports program fidelity for the California Wraparound Program. This framework will focus on the safety, permanency and well-being of children receiving child welfare services. Status: Ongoing
- Collaborate with organizations to support policies and initiatives that assure children receive care and services consistent with good child welfare, mental health practices and the requirements of federal and State law. Status: Ongoing

Actions taken by the 2011-12 Conference Committee eliminated the MHSA funding for FY 2011-12 for DSS.

Department of Education

FY 2009-10	FY 2010-11	FY 2011-12
\$523,000	\$940,000	\$236,000

The Department of Education receives funding and 3.0 positions to develop a permanent partnership for children's mental health to build capacity and services to support healthy emotional development, reduce the need of more intensive, costly interventions, school failure, dropout and long-term poor outcomes. These positions will also increase knowledge and capacity about effective prevention early intervention programs, services and strategies for local education agencies (LEA), County offices of education, Special Education Local Plan Areas (SELPA) and other partners working with students with, or at risk of, mental illness including suicide risk.

FY 2009-10 through FY 2010-11 Deliverables

- Organized the California School Mental Health Strategic Dialogue to help build capacity among State and local educational agencies and their partners to advance mental health initiatives and to be able to provide effective and sustainable school mental health services. Status: Completed
- Provide high quality professional development for school and district level staff to train and support school sites and classrooms in recognizing children's mental health disorders. Status: The Department of Education signed a contract with the Placer County Office of Education to develop the Training Educators through Recognition and Identification Strategies system. This system utilizes a train-the-trainers model which will be disseminated through workgroups in the eleven regions of the California County Superintendents Educational Services Association. Status: Completed
- Identify the demand for and type of interventions needed in the schools. Completed through an existing contract between the Department of Education and WestEd. The Counseling, Student Support and Learning Office (CSSLO)

inserted two questions related to mental health into the core questions of the California Healthy Kids Survey, depression risk and suicidal ideation. Status: Ongoing

- Provide training to teachers and middle and high school counselors in suicide prevention and developing youth resiliency needed to negotiate emotional challenges. Status: The Department of Education is in the process of releasing a Request for Proposal “Getting Results” for an on-line training program composed of three modules. Module two is being financed with MHSA monies. Status: Ongoing.
- Research, develop and disseminate via Listserv relevant articles and information to the 125 SELPAs and 58 Special Education Administrators of County Offices. Status: Ongoing

Action taken by the 2011-12 Conference Committee reduced the MHSA expenditures for FY 2011-12 to \$236,000 and 1.0 position for County mental health programs’ work with local education agencies, County offices of education, and special education local plan areas to provide necessary services.

California State Library (CSL)

FY 2009-10	FY 2010-11	FY 2011-12
\$171,000	\$182,000	0

The CSL receives funding and 1.3 positions to provide reference and research and to develop and maintain a contemporary collection of materials (journals, books, reports) to support DMH staff to increase knowledge of recovery, resilience, cultural competency and evidence based practices to increase leadership effectiveness and management skills.

FY 2009-10 through FY 2010-11 Deliverables

- Develop and distribute electronically “Studies in the News” (SITN), which summarizes and links readers to current news articles, research and reports on current mental health topics including evidence based practices. Status: Ongoing
- Develop and distribute four to six special topic issues, such as veterans’ mental health issues. Status: Ongoing
- Establish and maintain a hardcopy book/journal/video DMH Library Collection at DMH headquarters. The collection was increased by over 300 publications in FY 2009-10. Status: Ongoing (the DMH collection opened in September 2009)
- Added two research databases, providing access to additional full-text articles from online journals. Status: Completed

- Provide individual and group training to DMH employees on the use of online library catalogs and databases. Status: Ongoing as needed.
- Regular meetings with DMH staff to understand and respond to DMH research and project needs. Status: Ongoing
- Pilot program to offer State library cards to County mental health employees, contractors and others that implement MHSA activities. Status: Ongoing
- Researching projects to record digital stories about recovery, resiliency and hope by consumers for publication on DMH Internet and related websites. Status: Ongoing
- Provided research assistance related to MHSA activities to the Stigma Reduction Strategic Plan Advisory Committee, Suicide Prevention Strategic Plan Committee, State Hospitals, CDE and the Administrative Office of the Courts. Status: Completed

Actions taken by the 2011-12 Conference Committee eliminated the MHSA funding for FY 2011-12 for CSL.

Board of Governors of the California Community Colleges (Board of Governors)

FY 2009-10	FY 2010-11	FY 2011-12
\$158,000	\$212,000	\$125,000

The Board of Governors receives funding and 1.0 position to assist in developing policies and practices that address the mental health needs of students.

FY 2009-10 through FY 2010-11 Deliverables

- Identify, develop and disseminate effective mental health practices for California Community Colleges (CCCs) students and support the Chancellor's Office by convening and overseeing an inter-disciplinary, inter-agency Mental Health Services Advisory Committee which includes student representatives. Status: Ongoing
- Monitor local, State and national data and information related to mental health and education to identify the extent of mental health issues and need at community colleges; the extent of current delivery systems; promising models and practices; resource opportunities; and partnership opportunities. Information and findings are shared with stakeholders through list serves, the CCC Chancellor's Office webpage, meetings, and conferences. Status: Ongoing
- Plan, implement and evaluate training for faculty and staff to raise awareness on the issues of Post Traumatic Stress Disorder, Traumatic Brain Injury and depression that impact student learning through the implementation of the Zellerbach Family Foundation Grant and selected CCCs. Status: Ongoing

- Implemented the American College Health Assessment system-wide study of mental health needs of community colleges. Status: Completed; findings were presented to the Mental Health Services Advisory Committee and at the California Association of Postsecondary Education (CAPED) convention in October 2010.
- Enhance coordination of services and resources by fostering relationships with key system partners (Student Services administrators, Health Services staff and related organizations, Disabled Students Program and Services, CAPED, general counseling, etc.) who work on mental health or related issues, particularly partners working with students at higher risk of mental health issues (such as foster youth, returning veterans and underserved populations). Status: Ongoing
- Enhance established Mental Health Service webpage with mental health resources and information. Status: Ongoing
- Research and assess viability of other resource opportunities such as grant and foundation funding for CCC. Status: Ongoing
- Provide input, feedback and technical assistance to DMH, Counties and other local and State entities on issues related to CCC student mental health. Status: Ongoing
- Assist community colleges seeking support or information to improve services and/or address current needs on their campus. Status: Ongoing

Actions taken by the 2011-12 Conference Committee reduced the MHSA expenditures for FY 2011-12 to \$125,000 and 1.0 position for community colleges to work with County mental health programs regarding school-related services.

Financial Information System for California (FI\$CAL)

FY 2009-10	FY 2010-11	FY 2011-12
\$0	\$28,000	\$137,000

The FI\$Cal project receives funding to transform the State's systems and workforce to operate in an integrated financial management system environment. State agencies with accounting systems, including DMH, will be required to use the system and, therefore, are required to fund it.

The system is being designed to include standardized accounting, budgeting and procurement features. Currently early in its development, FI\$Cal is headed by four partner agencies: DOF, SCO, the State Treasurer's Office and Department of General Services.

Military Department

FY 2009-10	FY 2010-11	FY 2011-12
\$215,000	\$451,000	\$552,000

The Military Department receives funding and 3.0 positions to support a pilot behavioral health outreach program to improve coordination between the California National Guard (CNG), local veterans' services and County mental health departments throughout the State. CNG educates Guard members about mental health issues and enhances the capacity of the local mental health system through education and training in military culture.

FY 2009-10 through FY 2010-11 Deliverables

- Conduct education events to inform soldiers and their families about the ways to access mental health services. Status: Ongoing
- Develop military culture training for County civilian mental health providers and service agencies. Status: Completed 10 trainings to mental health providers and service agencies with an average of 50 attendees per training in 2010. Additional trainings will be scheduled in 2011.
- Present information about County mental health programs to CNG behavioral health providers and Guard members. Status: Ongoing
- Provided suicide prevention awareness to the County Veterans Service Officers and United States Department of Defense/United States Department of Veterans Affairs at the national conference. Status: Completed
- Publish articles about suicide prevention and mental health resources in the "Grizzly," the newsletter of the California National Guard. Status: Ongoing

Department of Veterans Affairs (DVA)

FY 2009-10	FY 2010-11	FY 2011-12
\$423,000	\$503,000	\$507,000

The DVA receives funding and 2.0 positions to support a statewide administration to inform veterans and family members about federal benefits, local mental health departments and other services.

FY 2009-10 through FY 2010-11 Deliverables

- Coordinate DVA Referral Management Branch for Operation Welcome Home initiative. Status: Ongoing

- Established a statewide call center to assist veterans with resources about mental health and other services. The call center launched in August 2010 and plans to expand it to a 24-hour response service. Status: Completed
- Updated and disseminated the California Veterans Resource Book that includes enhanced information about mental health. Status: Completed
- Provided enhanced mental health information for veterans and families through funded MOUs with six counties (San Diego, Los Angeles, San Bernardino, Fresno, San Luis Obispo and Solano). Status: Completed
- Obtain contact information for close to 20,000 veterans a month through a MOU with the Department of Motor Vehicles to include a question about military service on all driver's licenses, identification cards and renewal applications. Status: In progress, estimated completion is July 2011.
- Reduced stigma and discrimination and increased access to mental health services by developing and airing two television Public Service Announcements (PSA) with information about mental health. PSAs are also available on DVD. Status: Completed

MHSA Expenditures

Table 4 summarizes MHSA expenditures by the major component and by each State entity. It displays actual expenditures for FY 2009-10 and the estimated budget for FY 2010-11, and the projected budget for 2011-12, which includes the allocations authorized by AB 100.

AB 100 lowered the administrative cap for the MHSA from 5 percent to 3.5 percent; this reduction is effectuated beginning in 2011-12. For the May Revision, the 5 percent administrative cap is \$56.2 million for FY 2010-11 and the administrative expenditures are \$47.6 million. For FY 2011-12, the estimated 3.5 percent administrative cap is \$32.0 million and administrative expenditures are \$25.1 million.

**Table 4: MHSA Expenditures
May 2011
(Dollars in Thousands)**

	Actual FY 2009-10	Estimated FY 2010-11	Projected FY 2011-12
Local Assistance			
Community Services and Supports	\$296,248	\$783,600	\$485,749
Workforce Education and Training State Level Projects ⁶	13,386	37,948	37,950
Capital Facilities and Technological Needs	1,216	0	0
Prevention and Early Intervention	195,949	216,200	110,227
Innovation	1,365,901	119,600	31,924
Subtotal, Major Program Categories	\$1,872,700	\$1,157,348	\$665,850
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) ⁷	0	0	579,000
Mental Health Managed Care ⁷	0	0	183,600
AB 3632, Special Education Pupils ⁷	0	0	98,586
Total Local Assistance	\$1,872,700	\$1,157,348	\$1,527,036
State Administrative Costs⁸			
Judicial Branch	\$999	\$1,012	\$1,063
State Controller's Office	295	714	1,733
Department of Consumer Affairs Regulatory Boards	271	122	0
Office of Statewide Health Planning and Development	436	881	895
Department of Aging	115	236	0
Department of Alcohol and Drug Programs	251	289	0
Department of Health Care Services	842	1,331	865
Managed Risk Medical Insurance Board	81	171	0
Department of Developmental Services	1,062	1,133	1,133
Department of Mental Health	31,094	32,988	12,339
Mental Health Svcs Oversight & Accountability Commission	2,492	5,408	5,529
Department of Rehabilitation	103	220	0
Department of Social Services	734	759	0
Department of Education	523	940	236
California State Library	171	182	0
Board of Governors of the California Community Colleges	158	212	125
Financial Information System for California	0	28	137
Military Department	215	451	552
Department of Veterans Affairs	423	503	507
Total Administration	\$40,265	\$47,580	\$25,114
GRAND TOTAL	\$1,912,965	\$1,204,928	\$1,552,150

⁶ \$5 million in payments under the WET Loan Assumption program and \$500,000 for expansion of the Song Brown program in FYs 2010-11 and 2011-12. Both programs are administered through OSHPD. This funding is shown in the State Operations portion of the Governor's Budget consistent with existing OSHPD program budgets.

⁷ AB 100 allocated \$861.2 million from the MHSF to counties to meet the General Fund obligation for FY 2011-12 [\$98.6 million to Special Education Pupils (known as AB 3632), \$183.6 million to Mental Health Managed Care (MHMC), \$579.0 million to Early and Periodic Screening, Diagnosis and Treatment (EPSDT)].

⁸ State entities listed in Table 4 receive funding for "State Administrative Costs" in accordance with the 3.5 percent authorized by WIC Section 5892(d) as amended by AB 100.